



CABINET - 10 FEBRUARY 2017

INTEGRATED COMMISSIONING OF MENTAL HEALTH RECOVERY AND RESILIENCE SERVICES – OUTCOME OF CONSULTATION

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

PART A

Purpose of the Report

1. The purpose of this report is to advise the Cabinet of the results of the consultation exercise on the future of mental health services in Leicester, Leicestershire and Rutland (LLR) and to seek approval to proceed with partnership commissioning and procurement arrangements for preventative mental health recovery and resilience services with the East Leicestershire and Rutland, West Leicestershire and Leicester City Clinical Commissioning Groups (CCGs) and Leicester City and Rutland Councils.

Recommendations

2. It is recommended that:
 - a) The outcome of the public consultation on the future of mental health services across LLR, as set out in Appendix A to this report, be noted.
 - b) The Director of Adults and Communities be authorised to take action as necessary to implement the proposed joint procurement and commissioning of preventative mental health recovery and resilience services as set out in paragraphs 49-55 of this report.

Reasons for Recommendations

3. Joint procurement of a single model of service across LLR will offer a more consistent approach to people with mental health difficulties who need support in the community and to other stakeholders.
4. The future joint commissioning and procurement of services, through combining health and social care funding, will make the best use of available resources and enable all commissioning partners to achieve efficiency savings. It will also support the aim of co-ordinating care and integrating services around the person in order to improve outcomes and ensure high quality and sustainable service provision.
5. The new model will support outcome-based commissioning and delivery in line with the principles set out in the Adult Social Care Strategy. It will also achieve savings of

£116,000 per annum for Leicestershire from mid-2017 onwards, as part of the Medium Term Financial Strategy (MTFS) Public Health Early Help and Prevention Review – Adults and Communities departmental saving requirement (PH3).

6. The views of customers and stakeholders have informed both the development of the new model and the final revised proposals, thereby determining how this can best be achieved. The consultation indicated good support for the overarching model from both customers and stakeholders, and areas of concern have been addressed through revision of the delivery model.

Timetable for Decisions (including Scrutiny)

7. On 8 November 2016, the Adults and Communities Overview and Scrutiny Committee noted the draft proposals as part of the consultation process.
8. Subject to approval by the Cabinet, the process of procuring providers to deliver the new service model will begin as soon as practicable with a view to the new contracts being in place by June 2017. This will allow for a minimum three month transition period, ensuring that the new providers are ready to commence delivery from 1 October 2017. This timetable aims to support the smooth transfer of users to the new model or for a planned exit for users of current services.

Policy Framework and Previous Decisions

9. The relevant policy framework includes:
 - The Care Act 2014;
 - Leicestershire County Council MTFS 2016/17-2019/20;
 - Adult Social Care Strategy ('Promoting Independence, Supporting Communities; Our vision and strategy for Adult Social Care 2016);
 - The Five Year Forward View for Mental Health, NHS England;
 - Better Care Together (BCT) Five Year Strategic Plan (2014);
 - LLR Sustainability Transformation Plan (LLR STP) (2016).
10. The Care Act 2014 requires local authorities and health partners to work in partnership and integrate services where possible, in order to provide seamless support, avoid duplication and achieve best value for money. It states that local authorities must ensure the integration of care and support services with health provision where this will promote and support wellbeing, prevent or delay the development of need for care and support, or improve the quality of care and support.
11. The County Council's Adult Social Care Strategy 2016-2020 outlines the vision and strategic direction of social care support for the next four years. The life of the Strategy is matched to the life of the current MTFS in order to meet financial targets and implement the new approach to adult social care. A model has been developed which is a "stepped" approach, including the Department's aims to work to reduce or delay the need for formal social care through supporting people to stay well and independent.

12. Mental health is one of the priority areas for development identified in the Joint Strategic Needs Assessment (JSNA) 2015, to support the BCT aims of citizen participation and empowerment, prevention and early intervention, and integrated, proactive care for people with long term conditions.
13. The introduction of this model will also support the mental health aim outlined in the draft (November 2016) LLR STP, of developing awareness and support skills in the population, and developing recovery networks.

Resources Implications

14. The County Council's contribution to the future joint-funded service will be £195,000 per annum. This will achieve a saving of £116,000 per annum against current expenditure.
15. Final confirmation of the financial contribution from the East Leicestershire and Rutland CCG and the West Leicestershire CCG is still awaited. It is intended that this will be transferred to the County Council, as contract manager, by a Section 256 agreement between the Council and the two CCGs.
16. Total funding across the whole of Leicestershire is anticipated to be in excess of £500,000 per annum. This will be allocated to seven lots which will reflect each area's population, estimated levels of need, and indices of deprivation or other factors which affect service delivery, eg rurality.
17. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Circulation under the Local Issues Alert Procedure

18. This report is being circulated to all members of the Council via the Members' News in Brief service.

Officers to Contact

Jon Wilson
Director of Adults and Communities
Adult and Communities Department
Tel 0116 305 7454 Email; jon.wilson@leics.gov.uk

Sandy McMillan
Assistant Director (Strategy and Commissioning)
Adults and Communities Department
Tel: 0116 305 7752 Email: sandy.mcmillan@leics.gov.uk

PART B

Background

19. The proposed new model for mental health recovery services has been developed in partnership with colleagues from all three CCGs, Leicester City Council and Rutland Council following engagement with a range of stakeholders, including current service providers, through a series of workshops led by Leicester City CCG with independent facilitation from Implementing Recovery through the Organisational Change programme.

Clinical Commissioning Collaborative Review

20. In 2015 local CCGs (East Leicestershire and Rutland, West Leicestershire and Leicester City) undertook a review of mental health grant service contracts to voluntary and community sector organisations. Whilst positives were identified for a number of services, a number of concerns were also highlighted, in particular:
- A number of services provided low level support services;
 - A high level of duplication, both between services reviewed and with other health and social care commissioned services;
 - Limited links with statutory mental health services (recognising services' attempts to address this);
 - Activity-based rather than outcome-focussed performance information.
21. The review concluded that future commissioning should seek greater alignment across health and social care to maximise the potential return on investment and to assure greater consistency of approach for all stakeholders.
22. In summer 2015, BCT workshops concluded that locality based resilience and recovery services offered the best opportunity to strengthen preventative approaches within wider mental health services, develop local recovery networks and minimise duplication across the sector.
23. A LLR joint Health and Social Care Commissioner Project Group was therefore established to develop and deliver the locality based resilience and recovery commissioning model from 2017.

Leicestershire - Current Service Provision and Review

24. The current County Council commissioned service is provided by Richmond Fellowship, which was awarded the contract through a competitive tender process in 2014. The service commenced on 1 October 2014 for an initial period of two years, with an option for the contract to be extended for a further one year.
25. The service currently provides the following:
- Mental Health Social Drop-in sessions: 48 per week in various locations around the County;
 - In-reach Service: provided to individuals on an "as required" basis;

- Peer Support: dedicated work to support the development of peer support groups or networks in response to identified opportunities (eg a group of people with a shared interest).
26. In 2015/16 this service supported 491 people in total across the county through the social drop-in sessions and in-reach services.
 27. A strategic review of current service provision by the County Council's Adults and Communities Department was completed in June 2016. This examined costs, future demand, effectiveness, throughput and strategic relevance. There is insufficient evidence to draw conclusions about current value for money. However, the review concluded that the current service model only partly matches future commissioning aspirations and would be unlikely to achieve the desired future outcomes. This review was also informed by a report from Healthwatch Leicestershire: "Lost in Translation"¹.
 28. The current budget for this service is £342,000 per annum. This includes contributions of £14,000 from East Leicestershire and Rutland CCG, and £17,000 from West Leicestershire CCG as part of a Section 256 agreement.

Demand for Services

29. Mental illness is the single largest cause of disability in the UK and one in four adults is likely to have a mental health problem in any year². Physical and mental health is closely linked – people with severe and prolonged mental illness die on average 15 to 20 years earlier than other people. However, only around a quarter of those with mental health conditions are in treatment which indicates potential for support to avoid crisis, or the need for long term interventions, as well as a possible reliance on community support.
30. The rate of Leicestershire people in contact with mental health services was 2,085 per 100,000 population during April–June 2013 (6,154 people). This rate is significantly lower than the England average (2,176 per 100,000 population), which suggests that mental health service contacts should be higher than they are³.
31. The local predicted prevalence of mental health problems in Leicestershire is 58,607 people (aged 18 and over, including people over 65) by 2020.⁴ The prevalence of depression in Leicestershire is higher than the England average. The majority of this cohort will live independently in the community, but may need to access support which can help them to maintain this and prevent the need for formal health or social care interventions.
32. Over the period 2015-2030, the number of working age adults (18–64 years) in Leicestershire with a mental health condition is not expected to change. However, in

¹

<https://www.healthwatchleicestershire.co.uk/sites/www.healthwatchleicestershire.co.uk/files/Lost%20in%20Translation.pdf>

² The Health & Social Care Information Centre, 2009, Adult psychiatric morbidity in England, Results of a household survey

³ <http://www.lsr-online.org/uploads/mental-health-report.pdf>

⁴ Data from pansi.org.uk and poppi.org.uk

older people (over 65 years) it is expected to increase significantly in line with the expected increase in the older population (increase of 39% by 2030)⁵.

33. Depression is the most common mental health problem in older people. An estimated 10–16% of people over 65 have depression and 2–4% have severe depression.⁶ The table below shows estimates of the numbers of older adults aged 65 years and over predicted to have certain mental health conditions.

POPPI data on mental health conditions in older adults aged 65 years and over, Leicestershire, 2014 and 2030

| | 2014 | 2020 | 2030 | % change 2014-2020 | % change 2014 - 2030 |
|--|-------|-------|-------|--------------------|----------------------|
| Older adults with depression | 11214 | 12819 | 16048 | 14.3% | 43.1% |
| Older adults with severe depression | 3554 | 4069 | 5283 | 14.5% | 48.6% |

Outcomes of Engagement and Consultation

34. A series of engagement events and workshops informed the development of the proposals for the new model. This work identified support for strengthening locality based approaches, working closely with both primary and secondary care services, and for an outcomes commissioning model. This resulted in a model which has a focus on early intervention and recovery through identification of individual outcomes.
35. The outcome of the public consultation between October and December 2016 indicated good overall support for the proposed locality based resilience and recovery service model. There was also support for the service providing the proposed three elements, of information (information about mental health and sources of support, available to the whole community), advice and navigation (helping people to identify what they need, and how to access it), and community recovery support services (working towards recovery with individuals on a one to one or small group basis). A copy of the consultation summary report is attached at Appendix A.
36. It became apparent during the consultation and engagement process that the word 'hub' caused some confusion, as people understood this to mean that the service would operate from just one place within a locality, which is not the expectation. A further engagement exercise is therefore being undertaken with service users and carers to come up with a different name for the service.
37. People emphasised their need for services to be local to them, and there was concern about the geographical size of the four proposed localities within Leicestershire County. The proposals have therefore been revised to deliver seven localities within Leicestershire, based on district council footprints. The service model will remain as proposed, and be commissioned to provide the range of information, advice and navigation and community recovery support services.

⁵ <http://www.poppi.org.uk/index.php?pageNo=314&loc=&mapOff=1>

⁶ <http://www.lsr-online.org/uploads/mental-health-report.pdf>

38. The total available budget for Leicestershire will be allocated to each district area proportionately, taking account of mental health prevalence, deprivation levels and rurality factors.
39. Whilst the increase from the proposed four hubs to a total of seven in Leicestershire could result in, overall, proportionally increased provider management costs, it will support the delivery of a more local service in response to identified needs and the concerns communicated through the consultation. It is considered that the anticipated funding levels will be sufficient to attract market interest.
40. There was limited support for restricting the number of localities for which one provider could bid. The main feedback received was that people wanted the best service provider possible for the locality. It is therefore proposed that procurement will not restrict the number of locality contracts that can be awarded to any one provider.
41. Provision of services within community centres and voluntary sector buildings was most popular, followed by primary care (Health Centre/GP surgeries). There was less support for provision in council offices and libraries which were felt to be more suited to being a source of information and advice than for individual recovery support.

The Proposed New Service Model

42. The proposal is that the East Leicestershire and Rutland, West Leicestershire and Leicester City CCGs and the LLR local authorities will follow a joint procurement process to commission a set of locality based mental health resilience and recovery support services using a single model and service specification across all areas. This will offer the best approach to managing demand in a joined-up and cost effective way.
43. The services' overall aim will be to break down barriers so that individuals with a range of mental health needs are supported and assisted to live independently in the community and maintain their mental wellbeing and recovery, and to reduce or delay the need for any formal service intervention.
44. The proposed locality based resilience and recovery services will increase capacity and improve people's mental health resilience and recovery through accessible and co-ordinated support, co-produced with service users and the local community.
45. These services will help individuals with a range of mental health needs enabling them to stay well and live full lives. They will support a shift to improving health rather than responding to ill health, ie giving people the information to stay healthy, manage their condition and choose their treatments. The integration of care around the patient, peer support, asset based community development and technology based care will help implement the new model of care that supports personal choice and responsibility. The locality 'hubs' will help model a different approach to recovery and mental health than that of traditional mental health services.

46. Resilience and recovery locality services will be split into three distinct elements:
- i. Information and signposting for the community to support resilience, self-help and recovery;
 - ii. Advice and navigation: support for people with multiple issues (and carers) to identify and understand their needs and to access the right services;
 - iii. Supporting people to regain and sustain confidence to engage in everyday activities. This may be on a one-to-one basis or within small group settings.
47. Underpinning these three service elements will be the recovery support network, both local and across LLR, which will include the Recovery College⁷, peer support and will link to public health and community resources.
48. An outcome based procurement exercise will determine the service delivery model for each of the individual Hubs with providers proposed approaches evaluated against the outline service model, service level outcomes and local needs of the population. We anticipate the delivery models will include face to face contacts, telephone support and a web-based offer.

Future Commissioning Proposals

49. It is intended that there will be one single Invitation to Tender encompassing all lots across LLR using the single model and service specification outlined above. The procurement process will be led by Leicester City Council, supported by strategic commissioners from the other local authorities and the CCGs.
50. At the end of the procurement process the County Council will contract for those services in Leicestershire in partnership with East Leicestershire and Rutland and West Leicestershire CCGs, Rutland Council and Leicester City Council will each commission their own services in partnership with the relevant CCG.
51. The service will be funded by reinvesting existing CCG and local authority third sector mental health support services funding into what will now be an outcomes-based model. In Leicestershire it is proposed that the localities will align with the seven district council boundaries, and funding allocations will reflect the levels of population and mental health prevalence in each area.
52. A key point from the consultation was the importance of the service provider understanding the social, economic and cultural needs of the local population. It is therefore proposed that when the bids for locality contracts are evaluated, 50% of the scoring is specific to understanding individual locality needs and how services will respond to those needs. The remaining 50% will be split between the service delivery model (40%) and value for money (10%).
53. The proposal for each local authority to issue and monitor the contract(s) relating to its geographical area will also ensure that the locality focus can be retained and that performance can be monitored specifically against local needs and requirements.

⁷ An NHS college offering a range of recovery focused educational courses and resources for people with lived mental health experience, their friends, family and Leicestershire Partnership NHS Trust (LPT) staff

54. In the evaluation of bids, responses to questions which relate to all areas will be considered by a panel with representation from each of the commissioning organisations. In relation to the responses for specific lots, these will be considered by officers from the appropriate local authority and CCG only.
55. Contracts will be awarded and managed by each local authority for the lots relevant to their geographic area, and will be for three years with a two year extension facility. There will be a contractual requirement for providers to attend a quarterly group meeting with the joint commissioners to review progress, build ongoing relationships and share good practice.

Conclusions

56. Consultation and engagement have confirmed support for the proposed commissioning model and its constituent elements.
57. The procurement of the new model of service will achieve efficiency savings, secure a consistent local model of support, and adhere to the principles of the Council's Adult Social Care strategy.
58. The areas of concern identified in the consultation and engagement process will be addressed through the revision of the number of 'hubs' in Leicestershire, and through the procurement process which will seek to ensure that providers have a good understanding of local needs and can be flexible and innovative when seeking to meet them.

Background Papers

- Promoting Independence, Supporting Communities: Our vision and strategy for Adult Social Care 2016)
<http://ow.ly/Juhy301NffM>
- The Five Year Forward View for Mental Health, NHS England
<http://ow.ly/tkLe301NfkZ>
- Better Care Together Five Year Strategic Plan (2014) –
<http://ow.ly/o3oA301Nftz>
- Report to Cabinet: 18 July 2016 - Integrated Commissioning of Mental Health Recovery and Resilience Services
<http://politics.leics.gov.uk/ieListDocuments.aspx?MIId=4604>
- Adult Social Care Strategy 2016–2020
http://corpedrmsapp:8087/Intranet%20File%20Plan/Departmental%20Intranets/Adults%20and%20Communities/2012%20-%202013/Departmental%20Administration/ASC%20Policies%20and%20Procedures/ASC_Strategy_2016-2020_P0358_12.pdf
- Leicester, Leicestershire and Rutland Sustainability and Transformation Plan Draft 21/11/2016
<http://www.bettercareleicester.nhs.uk/EasysiteWeb/getresource.axd?AssetID=46236>

Appendices

- Appendix A – Summary Report of Public Consultation and Engagement
- Appendix B – Equalities and Human Rights Impact Assessment

Relevant Impact Assessments

Equality Impact Assessment

59. The Equalities and Human Rights Impact Assessment (EHRIA) has been completed in relation to Leicestershire and the impact of a change in service model and reinvestment into the joint commissioning proposals, and has been informed by the outcomes of the consultation.
60. The EHRIA has not identified any unlawful discrimination against anyone with a protected characteristic and reached the conclusion that the proposal should have a positive impact on the service. It did however highlight the need for proactive support to disadvantaged and marginalised groups, which will be addressed through the service specification and procurement.
61. The EHRIA identified the need for attention to be paid to management of change processes to ensure that people are supported to move into the new model of provision, or to exit in a planned manner, and that changes do not result in language or cultural barriers to service access.
62. There will be ongoing, consistent data collection and analysis to understand performance and ensure that services remain inclusive across protected groups. Commissioners will regularly engage with providers to support them to increase quality, flexibility and responsiveness of support.
63. The EHRIA and action plan have been considered and approved by the Departmental Equalities Group in January 2017, and will inform procurement and future service provision.

Partnership working and associated issues

64. Engagement with partners including health and independent and voluntary sector organisations in the production and delivery of the new model is critical.